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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 246628US2CONT
		First Inventor or Application Identifier Takao SHINOZAWA
Title	HOMOLOGY ANALYSIS SYSTEM, HOMOLOGY ANALYSIS METHOD, HOMOLOGY ANALYSIS PROGRAM, AND TRANSACTION ESTABLISHMENT SYSTEM	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input checked="" type="checkbox"/> Specification                      Total Sheets <input type="text" value="54"/></div> <div>3. <input checked="" type="checkbox"/> Formal Drawing(s)                      Total Sheets <input type="text" value="10"/></div> <div>4. <input checked="" type="checkbox"/> Oath or Declaration                      Total Pages <input type="text" value="2"/><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)</div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></div></div> <div>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<div>ii. <input type="checkbox"/> Paper</div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	<b>ACCOMPANYING APPLICATION PARTS</b> <div>7. <input checked="" type="checkbox"/> Assignment Papers (cvr. Sht. &amp; doc(s)) (3)</div> <div>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> <div>9. <input checked="" type="checkbox"/> Request for Priority                      <input type="checkbox"/> Power of Attorney</div> <div>10. <input checked="" type="checkbox"/> International Search Report</div> <div>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449                      <input checked="" type="checkbox"/> Copies of IDS Citations (4)</div> <div>12. <input checked="" type="checkbox"/> Statement of Relevancy</div> <div>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</div> <div>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (2) (if foreign priority is claimed)</div> <div>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div>16. <input type="checkbox"/> Other:</div>

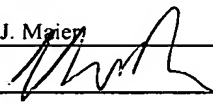
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☒ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application no.: PCT/JP01/10217, filed on November 22, 2001

Prior application information:    Examiner:    Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>	
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Name:	Registration No.:

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Docket No. 246628US2CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Takao SHINOZAWA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: HOMOLOGY ANALYSIS SYSTEM, HOMOLOGY ANALYSIS METHOD, HOMOLOGY ANALYSIS PROGRAM, AND TRANSACTION ESTABLISHMENT SYSTEM

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$86 =	\$86.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$856.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of \$0.00. A duplicate copy of this sheet is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, MCCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 12/17/03

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